

215024154
49550

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 027	Agency Case No. B5-054313	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/18/2015		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2124	06/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2532 Vine st		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	141.00		N. 26th st			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	Unknown	PHONE		LOCAL NO.		
V2/N	1	DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
G	1	OWNER		PHONE	LOCAL NO.	V1/1 19
H	5	OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	V1/2
V1/O	5	LICENSE PLATE NO. Unknown	YEAR	MAKE	MODEL	BODY STYLE
V2/O	2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
I	7	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	Unknown		
J	01	TOWED TO	TOWED BY	POLICY NO.		
K	01	VEHICLE NO. 2				
V1/P	8	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/P	8	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/Q	4	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/1 18
V2/Q	3	OWNER	PHONE	LOCAL NO.		
V1/R	01	ABRAHAM D DUNNING	(402) 580-4855			V2/2
V2/R	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/S	4	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/S	3	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/T	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/T	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/U	01	TOWED TO	TOWED BY	POLICY NO.		
V2/U	01	VEHICLE NO. 3				
V1/V	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/V	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/W	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/3
V2/W	01	OWNER	PHONE	LOCAL NO.		
V1/X	01	ABRAHAM D DUNNING	(402) 580-4855			V2/4
V2/X	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/Y	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/Y	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/Z	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/Z	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/AA	01	TOWED TO	TOWED BY	POLICY NO.		
V2/AA	01	VEHICLE NO. 4				
V1/AB	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AB	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/AC	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/5
V2/AC	01	OWNER	PHONE	LOCAL NO.		
V1/AD	01	ABRAHAM D DUNNING	(402) 580-4855			V2/6
V2/AD	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/AE	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/AE	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/AF	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/AF	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/AG	01	TOWED TO	TOWED BY	POLICY NO.		
V2/AG	01	VEHICLE NO. 5				
V1/AH	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AH	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/AI	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/7
V2/AI	01	OWNER	PHONE	LOCAL NO.		
V1/AJ	01	ABRAHAM D DUNNING	(402) 580-4855			V2/8
V2/AJ	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/AK	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/AK	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/AL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/AL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/AM	01	TOWED TO	TOWED BY	POLICY NO.		
V2/AM	01	VEHICLE NO. 6				
V1/AN	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AN	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/AO	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/9
V2/AO	01	OWNER	PHONE	LOCAL NO.		
V1/AP	01	ABRAHAM D DUNNING	(402) 580-4855			V2/10
V2/AP	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/AQ	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/AQ	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/AR	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/AR	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/AS	01	TOWED TO	TOWED BY	POLICY NO.		
V2/AS	01	VEHICLE NO. 7				
V1/AT	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/AT	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/AV	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/11
V2/AV	01	OWNER	PHONE	LOCAL NO.		
V1/AW	01	ABRAHAM D DUNNING	(402) 580-4855			V2/12
V2/AW	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/AX	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/AX	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/AY	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/AY	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/AZ	01	TOWED TO	TOWED BY	POLICY NO.		
V2/AZ	01	VEHICLE NO. 8				
V1/BA	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BA	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BB	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/13
V2/BB	01	OWNER	PHONE	LOCAL NO.		
V1/BC	01	ABRAHAM D DUNNING	(402) 580-4855			V2/14
V2/BC	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BD	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BD	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BE	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BE	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BF	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BF	01	VEHICLE NO. 9				
V1/BG	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BG	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BH	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/15
V2/BH	01	OWNER	PHONE	LOCAL NO.		
V1/BI	01	ABRAHAM D DUNNING	(402) 580-4855			V2/16
V2/BI	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BJ	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BJ	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BK	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BK	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 10				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/17
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/18
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 11				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/19
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/20
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 12				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/21
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/22
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 13				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/23
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/24
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 14				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/25
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/26
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 15				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/27
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/28
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 16				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/29
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/30
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE	MODEL	BODY STYLE
V1/BL	01	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
V2/BL	01	VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	No Insurance		
V1/BL	01	TOWED TO	TOWED BY	POLICY NO.		
V2/BL	01	VEHICLE NO. 17				
V1/BL	01	DRIVER LICENSE NO.	DRIVER	STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/BL	01	Unattended Legally Parked	PHONE	LOCAL NO.		
V1/BL	01	DRIVER ADDRESS CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			V2/31
V2/BL	01	OWNER	PHONE	LOCAL NO.		
V1/BL	01	ABRAHAM D DUNNING	(402) 580-4855			V2/32
V2/BL	01	OWNER ADDRESS CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/BL	01	2532 VINE ST #13, LINCOLN, NE 68503	YEAR (Plate Expires) 2016	STATE (Of Plate) NE		
V2/BL	01	LICENSE PLATE PA NO. TJX647	YEAR	MAKE		

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



POI
-141 ft. West of West Curb
of N. 26th st.
-109 ft. North of North Curb
of Vine st.

Alley To N. 26th st.

Parking Lot

2532 Vine st.

Not To Scale

Owner of vehicle #2 (O2) said he had his vehicle parked in his apartment complex which is 2532 Vine street. Owner of vehicle #2 said his vehicle was unattended and legally parked. Owner of vehicle #2 said on 6-18-15 between 7:00 a.m. and 2:30 p.m., vehicle #1, driven by unknown driver, struck his vehicle and then left w/o exchanging or attempting to exchange driver and vehicle information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	0	VEH 2	0	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)											
1				X	2535 Vine st			<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>							
2				X	2532 Vine st #			<div><div></div><div></div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div></div>							
1	13				06 Turning left	VEHICLE 1		VEHICLE 2									
2	10				07 Making U-turn	POINT OF IMPACT	02	POINT OF IMPACT	07								
					08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	07								
					09 Leaving traffic lane	00 None		<div><div>02</div><div>03</div><div>04</div></div>									
					10 Parked	09 Top & windows		<div><div>01</div><div></div><div></div></div>									
					11 Slowing or stopped in traffic	10 Undercarriage		<div><div></div><div></div><div>05</div></div>									
					12 Other	11 Total (all areas)		<div><div></div><div></div><div></div></div>									
					13 Unknown	12 Other		<div><div>08</div><div>07</div><div>06</div></div>									
OFFICER NO.					TROOP/ TEAM/ BEAT		DEPARTMENT				PHOTOGRAPHS taken?		<div><div></div><div>YES</div></div>		<div><div>X</div><div>NO</div></div>		
1288					CE		Lincoln Police Department										
INVESTIGATOR NAME (Print or Type)					INVESTIGATOR SIGNATURE						DATE OF REPORT		06/18/2015				
Chad Baehr					Approved by Officer Chad Baehr												